FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Mati Prégodeing **Bostian**

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR MAR & / LUUDNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number: Expires: Estimated average hours per form	April 30, 2008 burden						
SEC USI	E ONLY						
Prefix	Serial						
1	I						
DATE RE	CEIVED						
1	i						

1259884

	Vashington, DC			·			
Name of Offering	TO 1139 /*	amendment and name	-	ndicate change.)			
	d partnership interests o	Parmenides Fund, L.	P		· · · · · · · · · · · · · · · · · · ·		
Filing Under (Ched	ck box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506	☐ Section	n 4(6)	☐ ULOE
Type of Filing:	☐ New Filing	Amendment					
***		A. BASK	DENTIFICAT	ION DATA			# 11011 11011 10101 10101 1010 1001
1. Enter the info	rmation requested about ti	ne issuer					
Name of Issuer Parmenides Fund		mendment and name h	as changed, and in	dicate change.	11111	!! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	
Address of Execut		<u> </u>	(Number and Stre	et, City, State, Zip C	'ada\ Talan	bono Nu	mbor (Including Area Code)
	ervicing Transactions Gro	oup, L.L.C., 2215-B Re	•		ode) Telep		mber (Including Area Code) 203) 351-2870
Address of Princip	al Offices		(Number and Stre	et City State Zip C	ode) Telep	hone Nu	mber (Including Area Code)
(if different from E	xecutive Offices)		PH.	UCESSED			
Brief Description of	of Business: Private I	nvestment Company	Al	PR 0 3 2008 É			
Type of Business	Organization	"					
	☐ corporation	🛭 limited p	artnership, alread		other (pl	ease spe	ecify)
	business trust	☐ limited p	artnership, to be to	HENCIAL			_
			Month	Yea	ar	M	Act On
Actual or Estimate	d Date of Incorporation or (Organization:	0 1	0	3	🛛 Acty	alvo da de la Estimated
Jurisdiction of Inco	rporation or Organization;	(Enter two-letter U.S. F	ostal Service Abbre	eviation for State;		Stan	NO CONTRACTOR OF THE PARTY OF T
		CI	N for Canada; FN fo	or other foreign juriso	diction)	////b	E
GENERAL INSTR	UCTIONS			·-	W	BAID	DESTROYOU FOL ALANA AND AND AND AND AND AND AND AND AND
Who Must File: A	Il inquare making an offeri	an of annuition in ratio		o under Desulation	. D C	4 20	A-m-000 504 -1 45

Vho Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4000 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

not required to respond unless the form displays a currently valid OMB control number. A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual): Structured Servicing Transactions Group, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code): 2215-B Renaissance Drive, Suite 5, Las Vegas, Nevada 89119 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual): Brownstein, Donald I. Business or Residence Address (Number and Street, City, State, Zip Code): c/o Structured Servicing Transactions Group, L.L.C., 2215-B Renaissance Drive, Suite 5, Las Vegas, Nevada 89119 Check Box(es) that Apply: ☐ Beneficial Owner ☐ Promoter ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Mok, William Business or Residence Address (Number and Street, City, State, Zip Code): c/o Structured Servicing Transactions Group, L.L.C., 2215-B Renaissance Drive, Suite 5, Las Vegas, Nevada 89119 Check Box(es) that Apply: Beneficial Owner □ Director □ Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual): **Christopher Russell** Business or Residence Address (Number and Street, City, State, Zip Code): c/o Structured Servicing Transactions Group, L.L.C., 2215-B Renaissance Drive, Suite 5, Las Vegas, Nevada 89119 Check Box(es) that Apply: □ Promoter ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Morgan Stanley Institutional Fund of Hedge Funds, LP Business or Residence Address (Number and Street, City, State, Zip Code): One Tower Bridge, 100 Front Street, Suite 1100, West Conshohocken, PA 19428 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): Check Box(es) that Apply: □ Promoter Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual):

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

☐ Executive Officer

□ Director

☐ General and/or Managing Partner

Check Box(es) that Apply:

Business or Residence Address (Number and Street, City, State, Zip Code):

□ Promoter

☐ Beneficial Owner

1. I	las the iss	uer s	old, or o	loes the is	suer inten			edited inve cendix, Col				*******	☐ Yes	⊠ No
2.	What is the	mini	mum inv	vestment t	hat will be	accepted	from any i	ndividual?.						000,000* y be waived
3. [Does the o	fferin	g permit	joint own	ership of a	single uni	t?	*************				******	Yes	□ No
((any commi offering. If and/or with	ssion a per a sta	or simil rson to b ate or sta	ar remune se listed is ates, list th	ration for s an associ e name of	solicitation ated perso the broke	of purcha on or agen or or dealer	or will be pa sers in cor t of a broke r. If more t the inform	nection w er or deale han five (5	ith sales o r registere b) persons	f securities d with the to be liste	in the SEC d are		
Full N	ame (Lasi	nam	e first, if	individual)				·					
Busin	ess or Res	sidend	ce Addre	ess (Numb	er and Str	eet, City, S	State, Zip	Code)				•		
Name	of Associ	ated I	Broker o	r Dealer	_	· · · · · ·				•				
					cited or Int			nasers					·	☐ All States
□ [A		_] [AZ]	☐ [AR]		•		□ [DE]			□ [GA]	(HI)	(ID)	
☐ (IL	(IN] [□ [IA]	[KS]	□ [KY]	□ [LA]	☐ [ME]	[MD]	[MA]	[MI]	[MN]	☐ [MS]	[MO]	
[M	T) [N	E) [[VV]	□ [NH]	□ [NJ]	[MM]	□ [NY]	□ [NC]	[ND]	□ [OH]	□ (OK)	□ [OR]	□ [PA]	
□ (R) 🗆 (S] (SD)	□ [TN]	□ [TX]	[עט] 🗖		□ [VA]	□ [WA]	[WV]	□ [WI]	□ [WY]	□ (PR)	
Full N	ame (Last	name	e first, if	individual)						·			····
Busin	ess or Res	idenc	ce Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)	· · · · · · · · · · · · · · · · · · ·		_			
Name	of Associ	ated E	Broker o	r Dealer				_						
					cited or Int			nasers						☐ All States
[A						'		□ [DE]			☐ [GA]	☐ [HI]	☐ [ID]	
	l 🗖 [iN) [[IA]	[KS]	□ [KY]	[LA]	☐ [ME]	[MD]	[MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
□ (M	T) [N	E) [□ [NV]	□ [NH]	[NJ]	[MM]	□ [NY]		□ [ND]	[HO)	□ (OK)	□ [OR]	[PA]	
□ (RI] 🗆 [S) [] [SD]	[NT]	[XT]			[VA]	□ [WA]	□ [WV]	[WI]	□ [WY]	□ (PR)	
Full N	ame (Last	name	e first, if	individual)						• ,				·
Busin	ess or Res	idenc	e Addre	ss (Numb	er and Str	et, City, S	State, Zip (Code)						·
Name	of Associa	ated E	Broker o	r Dealer										
					cited or Int			nasers						☐ All States
□ [Al	.) 🔲 [Ał	9 [[AZ]	[AR]	CA]	[CO]		[DE]		□ [FL]	[GA]	☐ [HI]	□ [ID]	
	□ [IN) [[A]	☐ [KS]	□ [KY]	□ [LA]	☐ (ME)	[MD]	[MA]	☐ [MI]	☐ [MN]	☐ [MS]	[MO]	
□ [M		:) [[VV]	□ [NH]	□ [NJ]	[MM]	[NY]	[NC]	□ [ND]			OR]	[PA]	
□ (RI	□(so) <u>[</u>] [SD]	[NT]	□ [ТХ]		[VT]	[VA]	□ [WA]		[W]		□ (PR)	
			· · · · · · ·	_	(Use blan	k sheet, o	r copy and	use addit	ional copie	s of this s	heet, as n	ecessary)		

B. INFORMATION ABOUT OFFERING

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	. <u>\$</u>		<u>\$</u> _	
	Equity	. \$		\$_	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	. <u>\$</u>		<u>\$</u> _	
	Partnership Interests	. <u>\$</u>	500,000,000	<u>\$</u> _	358,045,501
	Other (Specify)	. <u>\$</u>		<u>\$</u> _	-
	Total	\$	500,000,000	\$_	358,045,501
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggrogato
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	·	68	<u>\$</u>	358,045,501
	Non-accredited Investors			<u>\$</u> _	
	Total (for filings under Rule 504 only)			<u>\$</u> _	
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	,,		•	_	Sola
	Rule 505			<u> </u>	
	Regulation A	·		<u> </u>	
	Rule 504			<u>\$</u> _	
	Total	·		<u>\$</u> _	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗆	<u>\$</u> _	
	Printing and Engraving Costs	•••••	🛮	\$	
	Legal Fees		🛛	\$	128,603
	Accounting Fees	•••••	🗆	\$	
	Engineering Fees		🗖	<u>s</u> _	
	Sales Commissions (specify finders' fees separately)	•••••	🛮	\$	
	Other Expenses (identify)		🛘	\$	
	Total		🛛	<u>s</u>	128,603

	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPE	NSES /	AND USE O	F PROCEEDS	
4	b. Enter the difference between the aggregate offering proceeds to the issuer."		\$ 499,871,297			
5	Indicate below the amount of the adjusted gross proceeds used for each of the purposes shown. If the amount for an estimate and check the box to the left of the estimate. The the adjusted gross proceeds to the issuer set forth in response	y purpose is not หกังพก, ในไทเริก total of the payments listed mu	an st equal	Payme Office Directe Affilia	ers, ors &	Payments to Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$		<u>\$</u>
	Purchase, rental or leasing and installation of mach	inery and equipment		\$		\$
	Construction or leasing of plant buildings and facilit			\$		<u>\$</u>
	Acquisition of other businesses (including the value offering that may be used in exchange for the asse pursuant to a merger	ts or securities of another issue	r 🗆	<u>\$</u>		<u>\$</u>
	Repayment of indebtedness			\$		<u>\$</u>
	Working capital			\$	🛛	\$ 499,871,297
	Other (specify):			\$		\$
				\$		\$
	Column Totals			\$	🛛	\$ 499,871,297
	Total payments Listed (column totals added)			. [3 499,8	71,297
		D. FEDERAL SIGNATU	RE	-/		
c	his issuer has duly caused this notice to be signed by the un onstitutes an undertaking by the issuer to furnish to the U.S. y the issuer to any non-accredited investor pursuant to parag	Securities and Exchange Comr	on. If this nission, u	notice is filed upon written req	under Rule 505, the uest of its staff, the	e following signature e information furnished
	suer (Print or Type) armenides Fund, L.P.	Signature	2		Date: March	27, 2008
	ame of Signer (Print or Type) hristopher Russell	Title of Signer (Print or Type) By Structured Servicing Trai Associates, Managing Memb	nsactions per, by Ch	Group, LLC,	General Partner, sell, COO	by Upper Shad

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE					
1.	le any party described in 17 CER 230 262 present	ly subject to any of the disqualification	Yes No				
	See Appo	endix, Column 5, for state response.					
2.	The undersigned issuer hereby undertakes to furn (17 CFR 239.500) at such times as required by sta	ish to any state administrator of any state in which this notice ate law.	is filed a notice on Form D				
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.						
4.	The undersigned issuer represents that the issuer Exemption (ULOE) of the state in which this notice of establishing that these conditions have been sa	is familiar with the conditions that must be satisfied to be ention is filed and understands that the issuer claiming the availabilitisfied.	tled to the Uniform limited Offering ity of this exemption has the burden				
	uer has read this notification and knows the contents zed person.	s to be true and has duly caused this notice to be signed on its	s behalf by the undersigned duly				
Issuer	(Print or Type)	Signature	Date				
Parm	enides Fund, L.P.	11/1/1	March 27, 2008				
	of Signer (Print or Type) opher Russell	Title of Signer (Print or Type) By Structured Servicing Transactions Group, LLC, General Partner, by Upper Shad Associates, Managing Member, by Christopher Russell, COO					

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX					
1	:	2	3			4		5	5	
	to non-a- investors	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA		Х	\$500,000,000	19	\$34,700,000	0	0		Х	
со										
СТ		х	\$500,000,000	5	\$23,939,619	0	0		X	
DE		Х	\$500,000,000	1	\$2,000,000	0	0		X	
DC										
FL		Х	\$500,000,000	5	\$2,900,000	0	0		X	
GA		Х	\$500,000,000	1	\$9,000,000	0	0		х	
HI										
ID										
IL		Х	\$500,000,000	3	\$23,850,000	0	0		х	
IN				· · · · · · · · · · · · · · · · · · ·						
IA										
KS								_		
KY		Х	\$500,000,000	1	\$15,000,000	0	0		х	
LA										
ME										
MD										
MA							* · · · · · · · · · · · · · · · · · · ·			
MI		х	\$500,000,000	1	\$13,500,000	0	0		x	
MN										
MS								_		
МО										
МТ										
NE										
NV		X	\$500,000,000	2	\$22,510,000	0	0		×	
NH										
NJ		Х	\$500,000,000	1	\$1,000,000	0	0		х	
NM										

		-	···•	AP	PENDIX					
1	1 2 3 4									
	to non-a	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C - Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NY		Х	\$5,000,000	18	\$63,960,882	0	0		х	
NC		х	\$5,000,000	1	\$3,500,000	0	0		х	
ND				· · · · · ·						
ОН										
ОК										
OR										
PA		х	\$500,000,000	4	\$65,542,500	0	0		х	
AI				·· <u>-</u>						
sc										
SD										
TN										
TX		Х	500,000,000	2	\$23,000,000	0	0		х	
UΤ										
VT										
VA										
WA		х	\$500,000,000	1	\$1,000,000	0	0		х	
wv										
WI										
WY										
Non-		x	\$500,000,000	3	\$19,450,000	0	0		Х	

